

**MAYOR**  
Robin Schick

**TOWN COUNCIL**  
Mike Cabrey- Vice Mayor  
Tom Moncure  
Caryn Self Sullivan  
Kenneth Allison  
Vicki Roberson  
Powell Duggan



**TOWN OF COLONIAL BEACH**  
315 Douglas Ave.  
Colonial Beach, Virginia 22443  
(804) 224-7181 FAX (804) 224-7185

**TOWN MANAGER**  
India Adams-Jacob

**DEPUTY TOWN MANAGER**  
Rob Murphy

**CHIEF FINANCIAL OFFICER**  
Lisa Okes

**TOWN CLERK**  
Heather Oliver

**TOWN ATTORNEY**  
Vivian Seay Giles

**NON-CONFORMING ZONING VERIFICATION**

**Date of Application:** \_\_\_\_\_

Owner     Applicant     or Agent:

\_\_\_\_\_

**Name** **Daytime Phone No.**

\_\_\_\_\_

**Mailing Address**

\_\_\_\_\_

**E-mail Address** **Fax Number**

**Property Information:**

\_\_\_\_\_

**Tax Map Number**

\_\_\_\_\_

**Mailing Address**

\_\_\_\_\_

**Zoning District** **Size (acres & square feet)**

**Describe the reason for this request in the space provided or on a separate sheet including the following:**

For non-conforming uses – Provide dates that uses began and where they occur on the property  
For non-conforming structures – provide dates that the structure was built  
For nonconforming lots – provide date lot was initially created (recorded date of subdivision)



**Applicant Certification**

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings. I further permit Town officials or any other governmental agency representatives to enter the property to ensure that the property is being used in compliance with all governmental regulations; local, state and federal and that any proffered conditions have been and continue to be implemented. I further understand that if the use is discontinued or structure is razed or altered there is only a two (2) year time limit to re-establish the use or structure. Failure to re-establish shall result in the loss of the non-conforming status.

\_\_\_\_\_ Date

\_\_\_\_\_ Owner, Applicant or Agent Signature

\_\_\_\_\_ Please Print Name

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Do Not Write Below This Line

**BUILDING/ZONING/LAND DISTURBING - ROUTING SLIP**

**1. ZONING**

**Non-conforming Request:** \_\_\_\_\_

**Comments/Conditions/Findings** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Application Fee \$ \_\_\_\_\_

Approved -  Disapproved: \_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date